

<i>SERFF Tracking Number:</i>	<i>FNWW-126369859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44552</i>
<i>Company Tracking Number:</i>	<i>SIMPLE APPLICATION AMENDMENT</i>		
<i>TOI:</i>	<i>L03I Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L03I.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>Application Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: Application Amendment

SERFF Tr Num: FNWW-126369859

State: Arkansas

TOI: L03I Individual Life - Special

SERFF Status: Closed-Approved-Closed

State Tr Num: 44552

Sub-TOI: L03I.000 Individual Life - Special

Co Tr Num: SIMPLE APPLICATION AMENDMENT

State Status: Approved-Closed

Filing Type: Form

Authors: Christine Andreason, Peter Lindstrom

Reviewer(s): Linda Bird

Disposition Date: 01/13/2010

Date Submitted: 01/12/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/13/2010

Explanation for Other Group Market Type:

State Status Changed: 01/13/2010

Deemer Date:

Created By: Christine Andreason

Submitted By: Christine Andreason

Corresponding Filing Tracking Number:

Filing Description:

51-1500 Simple Application for Life Insurance-Driving History Amendment

51-1502 Simple Application for Life Insurance-Juvenile Plan Amendment

51-1502 Rev Simple Application for Life Insurance-Juvenile Plan Amendment

51-1503 Simple Application for Life Insurance- Activities Amendment

51-1507 Simple Application for Life Insurance-Ages 66 and Over Amendment

51-1509 Simple Application for Life Insurance-Weight Loss Amendment

<i>SERFF Tracking Number:</i>	<i>FNWW-126369859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44552</i>
<i>Company Tracking Number:</i>	<i>SIMPLE APPLICATION AMENDMENT</i>		
<i>TOI:</i>	<i>L031 Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L031.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>Application Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

We are filing the above forms to use along with our Simple Application.  
 We have attached a copy of the Simple Application on the Supporting Documentations tab.  
 The Simple Application is filled out by the agents on their computer screens. Drop-down screens provide optional answers to select. We have created the amendments with the wording used on the drop down computer screens.

After the policy is approved and/or issued, we may receive information correcting the insured's Date of Birth. A correction in the insured's age may mean that at the corrected age, different questions would need to be asked. We have created the amendments we are filing to obtain this additional information from the Insured or Applicant, and to get the Amendments signed and dated so they can be made part of the application and included in the contract. There are two Juvenile Amendments. The first version, 51-1502 will be used with the application as it is programmed in our automated underwriting system at this time. It will be replaced by the revised form when our IT department has been able to program the changes. We have included it in this filing to avoid a new filing once the programming is complete. The changes are minor. We have mostly changed the wording to make it more user friendly. We will be attaching form 31-4226 the Fraud Warnings and Other Notices page to all of these application forms. Form 31-4226 was previously filed in your state with a similar application form.  
 Christine Andreason

## Company and Contact

### Filing Contact Information

Christine Andreason, Contract Specialist	christine_andreason@farmersinsurance.com
3003 77th Ave SE	206-275-8084 [Phone]
Mercer Island, WA 98040	206-236-6526 [FAX]

### Filing Company Information

Farmers New World Life Insurance Company	CoCode: 63177	State of Domicile: Washington
3003 77th Avenue S.E.	Group Code: 212	Company Type: Life
Mercer Island, WA 98040	Group Name:	State ID Number:
(206) 275-8131 ext. [Phone]	FEIN Number: 91-0335750	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$120.00
Retaliatory?	No
Fee Explanation:	20 for six forms

*SERFF Tracking Number:*      *FNWW-126369859*      *State:*      *Arkansas*  
*Filing Company:*      *Farmers New World Life Insurance Company*      *State Tracking Number:*      *44552*  
*Company Tracking Number:*      *SIMPLE APPLICATION AMENDMENT*  
*TOI:*      *L031 Individual Life - Special*      *Sub-TOI:*      *L031.000 Individual Life - Special*  
*Product Name:*      *Application Amendment*  
*Project Name/Number:*      */*  
*Per Company:*      *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$120.00	01/12/2010	33481601

SERFF Tracking Number:	FNWW-126369859	State:	Arkansas
Filing Company:	Farmers New World Life Insurance Company	State Tracking Number:	44552
Company Tracking Number:	SIMPLE APPLICATION AMENDMENT		
TOI:	L031 Individual Life - Special	Sub-TOI:	L031.000 Individual Life - Special
Product Name:	Application Amendment		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/13/2010	01/13/2010

<i>SERFF Tracking Number:</i>	<i>FNWW-126369859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44552</i>
<i>Company Tracking Number:</i>	<i>SIMPLE APPLICATION AMENDMENT</i>		
<i>TOI:</i>	<i>L031 Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L031.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>Application Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Disposition**

Disposition Date: 01/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-126369859 State: Arkansas

Filing Company: Farmers New World Life Insurance Company State Tracking Number: 44552

Company Tracking Number: SIMPLE APPLICATION AMENDMENT

TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special

Product Name: Application Amendment

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Fraud Warning		Yes
Supporting Document	51-1502 Rev highlighted to show changes		Yes
Form	51-1500 Simple Application for Life Insurance-Driving History Amendment		Yes
Form	51-1502 Simple Application for Life Insurance-Juvenile Plan Amendment		Yes
Form	51-1502 Rev Simple Application for Life Insurance-Juvenile Plan Amendment		Yes
Form	51-1503 Simple Application for Life Insurance- Activities Amendment		Yes
Form	51-1507 Simple Application for Life Insurance-Ages 66 and Over Amendment		Yes
Form	51-1509 Simple Application for Life Insurance-Weight Loss Amendment		Yes

SERFF Tracking Number: FNWW-126369859 State: Arkansas

Filing Company: Farmers New World Life Insurance Company State Tracking Number: 44552

Company Tracking Number: SIMPLE APPLICATION AMENDMENT

TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special

Product Name: Application Amendment

Project Name/Number: /

## Form Schedule

### Lead Form Number: 51-1500

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	51-1500	Policy/Cont 51-1500 Simple ract/Fratern Application for Life al Insurance-Diving Certificate: History Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		65.800	51-1500 Simple App - Driving History Amendment - Gen.pdf
	51-1502	Policy/Cont 51-1502 Simple ract/Fratern Application for Life al Insurance-Juvenile Certificate: Plan Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		69.500	51-1502 Simple App for Life Ins - Juvenile Plan Amend - Gen.pdf
	51-1502 Rev	Policy/Cont 51-1502 Rev Simple ract/Fratern Application for Life al Insurance-Juvenile Certificate: Plan Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		69.500	51-1502 Rev Simple App for Life Ins - Juvenile Plan Amend - Gen.pdf
	51-1503	Policy/Cont 51-1503 Simple ract/Fratern Application for Life al Insurance- Activities Certificate: Amendment	Initial		63.900	51-1503 Simple App - Activities Amendment-

SERFF Tracking Number: FNWW-126369859 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 44552  
 Company Tracking Number: SIMPLE APPLICATION AMENDMENT  
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
 Product Name: Application Amendment  
 Project Name/Number: /

	Amendmen			Gen.pdf
	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
51-1507	Policy/Cont 51-1507 Simple Initial 67.200 51-1507			
	ract/Fratern Application for Life			Simple App -
	al Insurance-Ages 66			Ages 66 and
	Certificate and Over			Over
	Amendment			Amendment -
				Gen.pdf
51-1509	Policy/Cont 51-1509 Simple Initial 61.900 51-1509			
	ract/Fratern Application for Life			Simple App -
	al Insurance-Weight			Weight Loss
	Certificate: Loss Amendment			Amendment -
	Amendmen			Gen.pdf
	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			

# Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975



FARMERS  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Driving History Amendment

### (Section B. Driver License Information)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Driver License Number: \_\_\_\_\_ Issue State: \_\_\_\_\_ ☐ None
2. Have you, in the past five years, pled guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless/careless driving; or in the past three years, had three or more moving violations, or had your driver's license suspended, revoked, cancelled or withdrawn? ☐ Yes ☐ No

**If "Yes," all that apply must be checked:**

- ☐ DUI/DWI (if checked, also check one of the two below)
- ☐ One violation (if checked, also check one of the two below)
- ☐ Violation occurred more than five years ago
- ☐ Violation occurred within past five years
- ☐ More than one violation (if checked, also check one of the three below)
- ☐ All occurred over five years ago
- ☐ Only one occurred in the past five years
- ☐ More than one occurred in the past five years
- ☐ License Suspended/Revoked/Cancelled/Withdrawn (if checked, also check one of the two below)
- ☐ Currently
- ☐ Within past 24 months (if checked, also check all that apply below)
- Due to:
- ☐ Driving Violations
- ☐ Felony/Misdemeanor
- ☐ Lack of Insurance
- ☐ Medical Condition
- ☐ Parking Violation/Failure to Pay Fine
- ☐ Other
- ☐ More than two years ago
- ☐ Moving Violations (if checked, also check one of the two below)
- Number of Moving Violations:
- ☐ Fewer than three in the past three years
- ☐ Three or more in the past three years
- ☐ Reckless/Careless Driving
- ☐ Other

### Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Driving History Amendment (Driving History Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Driving History Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Driving History Amendment and agree that all answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Driving History Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

Proposed Insured Signature  
(or parent if Proposed Insured is a juvenile)

\_\_\_\_\_ Date

Proposed Owner Signature (if other than Proposed Insured)

\_\_\_\_\_ Date

Agent (if present) or Witness Signature

Agent Code or Relationship

\_\_\_\_\_ Date

# Farmers New World Life Insurance Company

*Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400*  
*Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975*



**FARMERS**  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Juvenile Plan Amendment

(Section L. Juvenile Plan Information – Questions 1 through 4)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Amount of life insurance on: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

- Household Income: ☐ \$0 – \$24,999  
☐ \$25,000 – \$44,999  
☐ \$45,000 – \$54,999  
☐ \$55,000 – \$74,999  
☐ \$75,000 +

2. Do both parents have at least as much insurance in force or applied for as the Proposed Insured? ☐ Yes ☐ No  
***If "No," the following must be completed:***

- ☐ One or both parents are uninsurable.  
☐ The child lives in a single-parent household; or parents are divorced or legally separated.  
☐ The parent purchasing the coverage is doing so as part of a court order or divorce decree.  
☐ Grandparent, aunt, or uncle is purchasing insurance on all grandchildren, nephews, or nieces.  
☐ Other

3. Provide the following information for all other children living in the same household: ☐ N/A (no additional children)

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

4. Do all children in household have at least as much insurance in force or applied for as the Proposed Insured? ☐ Yes ☐ No

***If "No," the following must be completed:***

- ☐ One or more of the children are uninsurable.  
☐ One or more of the children are over the age limit for juvenile coverage.  
☐ Other

*Details:* \_\_\_\_\_

---

## Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Juvenile Plan Amendment (Juvenile Plan Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Juvenile Plan Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Juvenile Plan Amendment and agree that all statements and answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Juvenile Plan Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read and that I understand the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
**Proposed Insured Signature** (or parent if Proposed Insured is a juvenile)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Proposed Owner Signature** (if other than Proposed Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Agent (if present) or Witness Signature**

\_\_\_\_\_  
Agent Code or Relationship

\_\_\_\_\_  
Date

# Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975



FARMERS<sup>®</sup>  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Juvenile Plan Amendment

(Section L. Juvenile Plan Information – Questions 1 through 4)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Amount of life insurance on: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Household Income: ☐ \$0 – \$24,999  
☐ \$25,000 – \$44,999  
☐ \$45,000 – \$54,999  
☐ \$55,000 – \$74,999  
☐ \$75,000 +

2. Do both parents have at least as much insurance in force or applied for as the Proposed Insured? ☐ Yes ☐ No  
***If "No," the following must be completed for each parent that has less insurance than the Proposed Insured:***

☐ Mother (if checked, also check all that apply of the following)

- ☐ Mother is uninsurable.
- ☐ The Proposed Insured lives in a single-parent household; or parents are divorced or legally separated.
- ☐ The parent purchasing the coverage is doing so as part of a court order or divorce decree.
- ☐ Grandparent, aunt, or uncle is purchasing insurance on all grandchildren, nephews, or nieces.
- ☐ Other

☐ Father (if checked, also check all that apply of the following)

- ☐ Father is uninsurable
- ☐ The Proposed Insured lives in a single-parent household; or parents are divorced or legally separated.
- ☐ The parent purchasing the coverage is doing so as part of a court order or divorce decree.
- ☐ Grandparent, aunt, or uncle is purchasing insurance on all grandchildren, nephews, or nieces.
- ☐ Other

3. Provide the following information for all other children living in the same household: ☐ N/A (no additional children)

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

4. Do all children in household have at least as much insurance in force or applied for as the Proposed Insured? ☐ Yes ☐ No  
***If "No," the following must be completed for each child that has less insurance than the Proposed Insured:***

Child Name: \_\_\_\_\_

***All that apply must be checked:***

- ☐ Child is uninsurable.
- ☐ Child is over the age limit for juvenile coverage.
- ☐ Other

Details: \_\_\_\_\_

(Continued on reverse)

(Continuation of question 4.) (If additional space is needed, a second amendment may be used.)

Child Name: \_\_\_\_\_

**All that apply must be checked:**

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

Child Name: \_\_\_\_\_

**All that apply must be checked:**

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

Child Name: \_\_\_\_\_

**All that apply must be checked:**

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

---

## Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Juvenile Plan Amendment (Juvenile Plan Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Juvenile Plan Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Juvenile Plan Amendment and agree that all statements and answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Juvenile Plan Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read and that I understand the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Proposed Insured Signature (or parent if Proposed Insured is a juvenile)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed Owner Signature (if other than Proposed Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (if present) or Witness Signature

\_\_\_\_\_  
Agent Code or Relationship

\_\_\_\_\_  
Date

# Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975



FARMERS<sup>®</sup>  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Activities Amendment

(Section M. Medical and Supplemental – Questions 1, 4 and 9 through 12)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Have you, in the past three years, participated in or do you plan to participate in any of the following activities: aeronautics, including ballooning, hang gliding, parachuting, or skydiving; racing, including boat, car, or motorcycle; scuba diving; hiking, including mountain climbing or rock climbing; or any similar hazardous activities? ☐ Yes ☐ No

**If “Yes,” all that apply must be checked:**

- |  |   |
|--|---|
| <input type="checkbox"/> Ballooning        | <input type="checkbox"/> Scuba Diving (if checked, must also check one of the two below)                  |
| <input type="checkbox"/> Hang Gliding      | <input type="checkbox"/> No dives deeper than 75 feet   |
| <input type="checkbox"/> Parachuting       | <input type="checkbox"/> Some dives deeper than 75 feet   |
| <input type="checkbox"/> Skydiving         | <input type="checkbox"/> Hiking – No specialized equipment (crampons, climbing ropes, etc)                |
| <input type="checkbox"/> Other Aeronautics | <input type="checkbox"/> Mountain Climbing – Specialized equipment (crampons, climbing ropes, etc)        |
| <input type="checkbox"/> Boat Racing       | <input type="checkbox"/> Rock Climbing – Specialized equipment (carabiners, pitons, climbing ropes, etc.) |
| <input type="checkbox"/> Car Racing        | <input type="checkbox"/> Other Similar Hazardous Activities   |
| <input type="checkbox"/> Motorcycle Racing |   |
| <input type="checkbox"/> Other Racing      |   |

2. Have you, in the past three years, piloted an aircraft, or do you have any intention of flying in the future other than as a passenger on a scheduled airline flight? ☐ Yes ☐ No

**If “Yes,” all that apply must be checked:**

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Pilot        | <input type="checkbox"/> Private Pilot (if checked, must also check one of the two below)            |
| <input type="checkbox"/> Corporate Pilot         | <input type="checkbox"/> Less than 100 solo hours  |
| <input type="checkbox"/> Instructor              | <input type="checkbox"/> 100 or more solo hours (if checked, must also check one of the three below) |
| <input type="checkbox"/> Military Pilot          | <input type="checkbox"/> Less than 50 hours annually   |
| <input type="checkbox"/> Non-Pilot Crewmember    | <input type="checkbox"/> 50-250 hours annually   |
| <input type="checkbox"/> Student Pilot           | <input type="checkbox"/> More than 250 hours annually  |
| <input type="checkbox"/> Test Pilot              |  |
| <input type="checkbox"/> Other Aviation Activity |  |

3. Have you, in the past 12 months, used Tobacco or Nicotine products in any form? ☐ Yes ☐ No

4. Have you, in the past 10 years, used illegal drugs, or consulted a healthcare provider or treatment facility for abuse of alcohol or drugs (including prescription drugs)? ☐ Yes ☐ No

**If “Yes,” all that apply must be checked:**

- |  |   |
|--|---|
| <input type="checkbox"/> Abuse of Pain Killers             | <input type="checkbox"/> Marijuana (if checked, must also check all that apply) |
| <input type="checkbox"/> Abuse of Sedatives                | <input type="checkbox"/> Treatment Received/Advised                             |
| <input type="checkbox"/> Abuse of Other Prescription Drugs | <input type="checkbox"/> Hospitalization Required                               |
| <input type="checkbox"/> Alcoholism/Abuse of Alcohol       | <input type="checkbox"/> Used within past 12 months                             |
| <input type="checkbox"/> Amphetamines                      | <input type="checkbox"/> None of the above                                      |
| <input type="checkbox"/> Barbiturates                      | <input type="checkbox"/> Narcotics  |
| <input type="checkbox"/> Cocaine                           | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Hallucinogens                     |   |

5. Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, been incarcerated for a felony offense, or been placed on probation or parole for a felony offense, or are felony charges currently outstanding against you? ☐ Yes ☐ No

***If "Yes," all that apply must be checked:***

- ☐ Incarceration for a Felony *(if checked, must also check one of the two below)*  
☐ Completed five or more years ago  
☐ Completed less than five years ago
- ☐ Parole *(if checked, must also check one of the two below)*  
☐ Completed five or more years ago  
☐ Currently on parole, or completed less than five years ago
- ☐ Pending Felony Charges
- ☐ Probation *(if checked, must also check one of the two below)*  
☐ Completed five or more years ago  
☐ Currently on probation, or completed less than five years ago

---

## Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Activities Amendment (Activities Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Activities Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Activities Amendment and agree that all answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Activities Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
**Proposed Insured Signature**  
(or parent if Proposed Insured is a juvenile)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Proposed Owner Signature** (if other than Proposed Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Agent (if present) or Witness Signature**

\_\_\_\_\_  
Agent Code or Relationship

\_\_\_\_\_  
Date

# Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975



**FARMERS**  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Ages 66 and Over Amendment

(Section M. Medical and Supplemental – Questions 13 through 19)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Have you, within the past 12 months, been confined to, or been advised to use the services of any of the following: adult day care facility, assisted living facility, home health care services, nursing home, or residential care facility? ☐ Yes ☐ No

***If “Yes,” all that apply must be checked:***

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Day Care Facility   | <input type="checkbox"/> Nursing Home              |
| <input type="checkbox"/> Assisted Living Facility  | <input type="checkbox"/> Residential Care Facility |
| <input type="checkbox"/> Home Health Care Services |  |

2. Do you require the assistance or supervision of another person or device of any kind for any of the following: getting in or out of bed or chair; self-care, such as eating, dressing, bathing and/or using the bathroom; or walking, such as need for a walker, wheelchair or scooter? ☐ Yes ☐ No

***If “Yes,” all that apply must be checked:***

- ☐ Getting in/out of Bed or Chair
- ☐ Self-care (such as eating/dressing/bathing)
- ☐ Walking (such as walker/wheelchair/scooter)
  - ☐ Use of Walker
  - ☐ Use of Wheelchair
  - ☐ Use of Scooter
  - ☐ None of the above

3. Do you require the assistance or supervision of another person to perform any of the following: doing laundry, making financial or banking decisions, housekeeping, making telephone calls, preparing meals, shopping, or taking medication? ☐ Yes ☐ No

***If “Yes,” all that apply must be checked:***

- |   |   |
|---|---|
| <input type="checkbox"/> Doing Laundry                      | <input type="checkbox"/> Preparing Meals    |
| <input type="checkbox"/> Housekeeping                       | <input type="checkbox"/> Shopping           |
| <input type="checkbox"/> Making Financial/Banking Decisions | <input type="checkbox"/> Taking Medications |
| <input type="checkbox"/> Making Telephone Calls             |   |

4. Do you participate in activities outside the home? ☐ Yes ☐ No

5. Have you seen a physician within the past two years? ☐ Yes ☐ No

***If “Yes,” one of the following must be checked:***

- ☐ Within past 12 months
- ☐ More than 12 months ago

6. How many falls have you had in the past 12 months?

☐ 0-1      ☐ 2-3      ☐ 4 or more

7. Have you, in the past six months, experienced an unintentional or unexplained weight loss, not due to increase in exercise or intentional change in diet? ☐ Yes ☐ No

***If "Yes," one of the following must be checked:***

☐ 1 to 10 pounds      ☐ 11 to 20 pounds      ☐ 21 pounds or greater

---

## Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Ages 66 and Over Amendment (Ages 66 and Over Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Ages 66 and Over Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Ages 66 and Over Amendment and agree that all answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Ages 66 and Over Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Proposed Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed Owner Signature (if other than Proposed Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (if present) or Witness Signature

\_\_\_\_\_  
Agent Code or Relationship

\_\_\_\_\_  
Date

# Farmers New World Life Insurance Company

*Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400*  
*Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975*



**FARMERS**  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Weight Loss Amendment

(Section M. Medical and Supplemental – Question 17)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Have you, in the past six months, experienced an unintentional or unexplained weight loss, not due to increase in exercise or intentional change in diet? ☐ Yes ☐ No

***If “Yes,” one of the following must be checked:***

☐ 1 to 10 pounds      ☐ 11 to 20 pounds      ☐ 21 pounds or greater

### Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Weight Loss Amendment (Weight Loss Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Weight Loss Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Weight Loss Amendment and agree that all answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Weight Loss Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Proposed Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed Owner Signature (if other than Proposed Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (if present) or Witness Signature

\_\_\_\_\_  
Agent Code or Relationship

\_\_\_\_\_  
Date

SERFF Tracking Number: FNWW-126369859 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 44552  
Company Tracking Number: SIMPLE APPLICATION AMENDMENT  
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
Product Name: Application Amendment  
Project Name/Number: /

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Certification.pdf

Flesch Score AR .pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

These amendments will be used with the simple application which was approved on 11/17/2008, under SERFF number FNWW-125728496.

**Attachment:**

31-4472 Simple App.pdf

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Life & Annuity - Acturial Memo

**Bypass Reason:** Does not apply to these forms.

**Comments:**

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Fraud Warning

**Comments:**

**Attachment:**

31-4226.pdf

**Item Status:** **Status**  
**Date:**

*SERFF Tracking Number:*      *FNWW-126369859*      *State:*      *Arkansas*  
*Filing Company:*      *Farmers New World Life Insurance Company*      *State Tracking Number:*      *44552*  
*Company Tracking Number:*      *SIMPLE APPLICATION AMENDMENT*  
*TOI:*      *L031 Individual Life - Special*      *Sub-TOI:*      *L031.000 Individual Life - Special*  
*Product Name:*      *Application Amendment*  
*Project Name/Number:*      */*

**Satisfied - Item:**      51-1502 Rev highlighted to show  
changes

**Comments:**

We will implement this form after we are able to reprogram our automated underwriting program. At that time we will withdraw the earlier form.

**Attachment:**

51-1502 Rev Simple App for Life Ins - Juvenile changes noted - Gen.pdf

**ARKANSAS  
Certification**

The undersigned certifies that to the best of his knowledge, information, and belief, the guidelines in Arkansas Bulletin No. 11-83 have been reviewed and that the following forms are in compliance with these guidelines.

The undersigned certifies that to the best of his knowledge, information, and belief, Rule and Regulation 19 has been reviewed and that the following forms are in compliance with this Rule.

Form Number Form

51-1500 Simple Application for Life Insurance-Driving History Amendment

51-1502 Simple Application for Life Insurance-Juvenile Plan Amendment

51-1502 Rev Simple Application for Life Insurance-Juvenile Plan Amendment

51-1503 Simple Application for Life Insurance- Activities Amendment

51-1507 Simple Application for Life Insurance-Ages 66 and Over Amendment

51-1509 Simple Application for Life Insurance-Weight Loss Amendment

**FARMERS NEW WORLD LIFE INSURANCE COMPAN**

A handwritten signature in black ink that reads "Ryan Larson". The signature is written in a cursive, flowing style.

Ryan Larson  
Senior Vice President and Chief Actuary  
Date: January 12, 2010

## **CERTIFICATE OF READABILITY**

1. The Flesch scores of the enclosed forms are:

<b>Form Number</b>	<b>Description</b>	<b>Flesch Score</b>
51-1500	Simple Application for Life Insurance-Driving History Amendment	65.8
51-1502	Simple Application for Life Insurance-Juvenile Plan Amendment	69.5
51-1502 Rev	Simple Application for Life Insurance-Juvenile Plan Amendment	69.5
51-1503	Simple Application for Life Insurance- Activities Amendment	63.9
51-1507	Simple Application for Life Insurance-Ages 66 and Over Amendment	67.2
51-1509	Simple Application for Life Insurance-Weight Loss Amendment	61.9

2. The form complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

### **FARMERS NEW WORLD LIFE INSURANCE COMPANY**

We meet the Flesch Score requirements as required by Regulation.



Ryan Larson  
Senior Vice President and Chief Actuary  
Date: January 12, 2010

# Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400

Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975



**FARMERS**  
LIFE INSURANCE

## Simple Application for Life Insurance

### A. Proposed Insured Information

Name of Proposed Insured:

Date of Birth:

Social Security Number (SSN):

Gender:

Height:

Weight:

Residence Address:

Place of Birth:

Telephone Numbers: Primary:

Secondary:

Occupation:

Are you a U.S. Citizen or do you have a Green Card?

Green Card Alien Registration Number:

Is the Proposed Insured the Policy Owner?

### B. Driver License Information

Issue State:

License Number:

1. Have you, in the past five years, pled guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless/careless driving; or in the past three years, had three or more moving violations, or had your driver's license suspended, revoked, cancelled or withdrawn?

### C. Proposed Policy Owner Information

Name of Proposed Policy Owner:

Date of Birth:

Relationship to Proposed Insured:

Tax Payer ID Number or SSN:

Gender:

### D. Product Information: Plan, Class, Face Amount and Benefits

Plan:

Class:

Face Amount:

Single Premium:

Benefits:

### E. Sales Illustration

Has the Proposed Policy Owner been provided a written illustration that conforms to this Application for life insurance coverage?

### F. Billing and Payment Information: Refer to Bank Authorization form

Billing Method:

Payment submitted with application:

Billing Address:

### G. Temporary Insurance Eligibility Question

In the past two years, has the Proposed Insured received any treatment or medication for, or been diagnosed as having any kind of cancer or tumor, stroke, drug or alcohol dependency, or any disease or disorder of the heart, liver or kidney?

### H. Beneficiary Information

Primary/Contingent

Beneficiary Name(s),

Share %,

Date of Birth

Relationship to Proposed Insured

Include delay clause?

Number of days:

I. Other Insurance and/or Pending Application(s) for Life Insurance

Is there any life insurance or annuity in force or application pending on the life of the Proposed Insured?  
Will any in-force life insurance or annuity be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance requested is issued?  
Details:  
Company                      Insured                      Policy Number                      Life Amount                      ADB Amount                      Pending?                      In-Force?                      Replacing?

Is the insurance applied for intended to be a 1035 Exchange?

J. Owner Benefit Information

Proposed Policy Owner's Height:                      Proposed Policy Owner's Weight:

1. Have you, the Proposed Policy Owner, in the past five years, received any treatment or medication for, or been diagnosed as having, appendicitis, any kind of cancer or tumor, diabetes, drug or alcohol dependency, gastric reflux, hernia, pneumonia, pregnancy, stroke, or disability, including receiving disability income benefits; or have you ever had any disease or disorder of the heart, immune system, kidney, liver, or lungs?

K. Children's Insurance Rider Information

Child Name                      Gender                      Relationship to Proposed Insured                      Date of Birth                      SSN                      Height                      Weight                      Eligibility

1. Has any child ever had, or been treated or hospitalized for, any appendicitis, asthma, cancer, congenital or birth disorder, diabetes, heart disorder, hernia, leukemia, premature birth, RSV(Respiratory Syncytial Virus), scoliosis, seizures, tonsillectomy, tubes in ears, tumor, or any other disease or disorder?

L. Juvenile Plan Information

1. Amount of life insurance on:  
Mother:                      Father:                      Household Income:  
2. Do both parents have at least as much insurance in force or applied for as the Proposed Insured?  
3. Amount of life insurance on each child:  
4. Do all children in household have at least as much insurance in force or applied for as the Proposed Insured?

M. Medical and Supplemental Information Regarding the Proposed Insured

1. Have you, in the past three years, participated in or do you plan to participate in any of the following activities: aeronautics, including ballooning, hang gliding, parachuting, or skydiving; racing, including boat, car, or motorcycle; scuba diving; hiking, including mountain climbing or rock climbing; or any similar hazardous activities?  
2. Do you anticipate residence or travel, including military deployment, outside the United States during the next two years (excluding travel as a pilot or crew member of a commercial flight)?  
3. Do you anticipate the total number of days of travel or residence, including military deployment, outside the United States during the next two years to exceed 90 days (excluding travel as a pilot or crew member of a commercial flight)?  
4. Have you, in the past three years, piloted an aircraft, or do you have any intention of flying in the future other than as a passenger on a scheduled airline flight?  
5. Have you, in the past seven years, had, consulted a physician or other healthcare provider(s) for, or been treated or hospitalized for or taken medication for any of the following: any diseases or disorders of the heart (including rheumatic fever), circulatory system, diabetes/endocrine/thyroid, blood, kidneys, liver, digestive system, lungs (including allergies or sleep apnea); any mental or nervous disorders (including depression, anxiety, or suicide); muscular, spinal, joint, or bone disorders or injuries (including concussions); high blood pressure; elevated cholesterol; cancer/skin cancer; stroke; epilepsy/seizures (including dizziness or fainting); arthritis; congenital defects or physical impairments?

6. Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or have you tested positive for HIV antibodies or antigens?
7. Have you, in the past 12 months, been hospitalized for 24 or more consecutive hours?
8. Have you scheduled or been advised to have, a surgical operation, diagnostic test, or evaluation that has not been completed?
9. Have you, in the past 12 months, used Tobacco or Nicotine products in any form?
10. Have you, in the past 10 years, used illegal drugs, or consulted a healthcare provider or treatment facility for abuse of alcohol or drugs (including prescription drugs)?
11. Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, been incarcerated for a felony offense, or been placed on probation or parole for a felony offense, or are felony charges currently outstanding against you?
12. Have you, in the past five years, been disabled, received disability income benefits, or been unable to work or perform and carry out your normal daily functions and activities?
13. Have you, within the past 12 months, been confined to, or been advised to use the services of any of the following: adult day care facility, assisted living facility, home health care services, nursing home, or residential care facility?
14. Do you require the assistance or supervision of another person or device of any kind for any of the following: getting in or out of a bed or chair; self-care, such as eating, dressing, bathing and/or using the bathroom; or walking, such as need for a walker, wheelchair or scooter?
15. Do you require the assistance or supervision of another person to perform any of the following: doing laundry, making financial or banking decisions, housekeeping, making telephone calls, preparing meals, shopping, or taking medication?
16. Have you seen a physician within the past two years?
17. Have you, in the past six months, experienced an unintentional or unexplained weight loss, not due to increase in exercise or intentional change in diet?
18. Do you participate in activities outside the home?
19. Have you had two or more falls in the past 12 months?

## Additional Information

### Certification, Authorization and Acknowledgement Signatures

#### Temporary Insurance Agreement (TIA) Coverage

Farmers New World Life Insurance Company (FNWL) agrees to provide Temporary Insurance coverage on the life of the Proposed Insured named in this Application and children to be covered under a Children's Insurance Rider for the policy face amount applied for (not including riders or supplemental benefits) or \$50,000, whichever is less, subject to the terms, eligibility requirements, and limitations stated on the Temporary Insurance Agreement for Simple Application for Life Insurance page of this Application. Coverage is not available to any person named in this Application if: **1.** The Temporary Insurance Eligibility Question is answered "**Yes**" or left blank by or for the Proposed Insured; or **2.** the Temporary Insurance eligibility requirements listed on the Temporary Insurance Agreement for Simple Application for Life Insurance page **cannot** be met for any Proposed Insured; or **3.** the first full modal premium has **not** been received with this Application. I, the Proposed Insured, represent that the answer to the Temporary Insurance Eligibility Question is true to the best of my knowledge and belief. I (We) understand and agree that if the answer is found to be false, the Temporary Insurance may be denied or declined. I (We) acknowledge that I (we) have read, or have had read to me (us), the terms of the Temporary Insurance Agreement and, if the conditions have been truthfully met, I (we) have received a copy of the Receipt of Premium for Temporary Insurance Coverage and the Temporary Insurance Agreement that outlines the terms and conditions of coverage. I (We) understand that no agent or representative is authorized to change or waive the terms of this Temporary Insurance Agreement.

#### Illustration

If the Proposed Policy Owner(s) has not been provided a written illustration, I (we), as Proposed Policy Owner(s), acknowledge that no illustration conforming to the coverage being requested has been provided yet, and if required by state regulation, an illustration conforming to the policy as issued will be provided no later than at the time of the Policy Contract delivery.

## Taxpayer Certification

Under penalties of perjury, I, as Policy Owner certify that:

1. The Social Security Number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

## Authorization to Obtain and Disclose Information

I (We) understand that non-medical and medical information ("Personal Information") will be used by Farmers New World Life Insurance Company (FNWL) to determine my and/or the minor child's eligibility for the insurance coverage applied for in this Application as well as to determine eligibility and evaluate claims for benefits under any policy issued in connection with this Application. Personal Information includes, but is not limited to information about me and/or the minor child regarding: mental and physical health, including information about medical care, treatment, advice, alcohol and nicotine use, drug use, prescription drug history, as well as communicable diseases such as HIV infection, AIDS, tuberculosis, and sexually transmitted diseases; motor vehicle, financial, and criminal records; hazardous activities; and avocations.

By signing this Application, I (we) authorize licensed physicians; medical practitioners; hospitals; clinics or other medical or medically-related facilities; insurance companies; the Medical Information Bureau (MIB); the Veterans Administration; the Social Security Administration; and consumer reporting agencies to release Personal Information to FNWL, its reinsurers, and their legal representatives. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date of this Application. I (We), as well as any person authorized to act on my (our) behalf, may, upon written request, obtain a copy of this authorization. I (We), as well as any person authorized to act on my (our) behalf, may revoke this authorization at any time by sending written notice to FNWL. Changing, revoking or failing to sign this authorization will impair processing of the Application; as a result, the Application may be denied.

I (We) understand that some or all of the data collected to create this Application, including any electronic or voice signature, may be transmitted and/or maintained by FNWL in electronic format. I (we) understand that my (our) electronic or voice signature(s) printed/indicated on this Application as shown below is my (our) consent to complete this Application by electronic means. A paper copy of this Application with my (our) electronic or voice signature(s) printed/indicated on the paper Application will be provided to me (us) with the Policy Contract, if issued, or upon receipt by FNWL of my (our) written request. My (our) electronic or voice signature(s) will not be attached to or used for any other transaction unless I (we) provide my (our) consent, which would be indicated with new electronic or voice signature(s) for the separate transaction.

## Acknowledgement

I (We) have read, or have had read to me (us), the Important Notice disclosure statement listed on Form 31-5287 given to me (us) on this date. I (We) acknowledge that this Application signed by me (us), will become a part of the policy if issued by FNWL. I (We) also acknowledge that I (we) have read, or have had read to me (us), and that I (we) understand the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any. I (We) have read and reviewed the above statements and the answers to the questions on this Application and hereby represent that such statements and answers are true and complete to the best of my (our) knowledge and belief. **Except as stated in the Temporary Insurance Agreement (if any) provided upon payment of premium, I (We) understand and acknowledge that no policy will be issued and no insurance coverage is in force unless: (a) this Application, along with any additional applications, addendums, amendments, questionnaires, and medical examination forms have been completed and signed by me (us) and received by the Company, (b) the full first modal premium has been paid, and (c) the Application has been approved by FNWL without modification. In the event FNWL approves the Application other than as applied for ("with modification"), no policy will be issued and no coverage will be in force until I (we) have also accepted in writing the policy as modified. I (We) understand and agree that no agent is authorized to: (a) make or modify contracts, (b) waive any of FNWL's rights or requirements, or (c) accept risks or make any determination as to insurability.**

_____ Signature of Proposed Insured	Signed in _____ on _____ State Date/Time stamp
_____ Signature of Proposed Policy Owner (if other than the Proposed Insured)	Signed in _____ on _____ State Date/Time stamp
_____ Signature of Policy Owner's Spouse (where required in community property states)	Signed in _____ on _____ State Date/Time stamp

I certify that I have truly and accurately recorded on this Application the information given by the Proposed Insured and Policy Owner(s)/Spouse, verified their identity(ies) and witnessed their signature(s). To the best of your knowledge, is there any life insurance or annuity in-force, or application pending on the life of the Proposed Insured? ☐ **Yes** ☐ **No**. To the best of your knowledge, will the life insurance applied for replace or reduce current coverage with this or any other company? ☐ **Yes** ☐ **No**. If a replacement, was sales material used in the solicitation? ☐ **Yes** ☐ **No**. *Copies of the materials must be submitted to Farmers New World Life Insurance Company and/or the Proposed Policy Owner, if applicable, as required by state regulations.*

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Agent Name (please print or type)

\_\_\_\_\_  
Agent/Representative Code Number

\_\_\_\_\_  
Date



## Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

**Arkansas, Louisiana, New Mexico and West Virginia** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** – “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Maine** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** – “Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**Minnesota Guarantee Association Notice** – *This applies only to the variable funds of life and annuity policies: This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.*

**Missouri** – Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in the policy.

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**Oklahoma** – WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

**Tennessee, Virginia and Washington** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

### Farmers New World Life Insurance Company

*Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400*  
*Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975*  
*Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008*

# Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975



FARMERS<sup>®</sup>  
LIFE INSURANCE

Policy Number: \_\_\_\_\_

## Simple Application for Life Insurance – Juvenile Plan Amendment

(Section L. Juvenile Plan Information – Questions 1 through 4)

Proposed Insured Name: \_\_\_\_\_  
(Please print: First/Middle/Last/Suffix i.e. Jr., Sr.)

1. Amount of life insurance on: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

- Household Income: ☐ \$0 – \$24,999  
☐ \$25,000 – \$44,999  
☐ \$45,000 – \$54,999  
☐ \$55,000 – \$74,999  
☐ \$75,000 +

2. Do both parents have at least as much insurance in force or applied for as the Proposed Insured? ☐ Yes ☐ No  
If "No," the following must be completed for each parent that has less insurance than the Proposed Insured:

☐ Mother (if checked, also check all that apply of the following)

- ☐ Mother is uninsurable.  
☐ The Proposed Insured lives in a single-parent household; or parents are divorced or legally separated.  
☐ The parent purchasing the coverage is doing so as part of a court order or divorce decree.  
☐ Grandparent, aunt, or uncle is purchasing insurance on all grandchildren, nephews, or nieces.  
☐ Other

☐ Father (if checked, also check all that apply of the following)

- ☐ Father is uninsurable  
☐ The Proposed Insured lives in a single-parent household; or parents are divorced or legally separated.  
☐ The parent purchasing the coverage is doing so as part of a court order or divorce decree.  
☐ Grandparent, aunt, or uncle is purchasing insurance on all grandchildren, nephews, or nieces.  
☐ Other

3. Provide the following information for all other children living in the same household: ☐ N/A (no additional children)

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

Child Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_

4. Do all children in household have at least as much insurance in force or applied for as the Proposed Insured? ☐ Yes ☐ No  
If "No," the following must be completed for each child that has less insurance than the Proposed Insured:

Child Name: \_\_\_\_\_

All that apply must be checked:

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

(Continued on reverse)

(Continuation of question 4.) (If additional space is needed, a second amendment may be used.)

Child Name: \_\_\_\_\_

**All that apply must be checked:**

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

Child Name: \_\_\_\_\_

**All that apply must be checked:**

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

Child Name: \_\_\_\_\_

**All that apply must be checked:**

- ☐ Child is uninsurable.  
☐ Child is over the age limit for juvenile coverage.  
☐ Other

Details: \_\_\_\_\_

---

## Authorization and Acknowledgement Signatures

I understand that portions or all of the data collected to create this Simple Application for Life Insurance – Juvenile Plan Amendment (Juvenile Plan Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a paper copy of this Juvenile Plan Amendment with the Policy Contract, if issued, or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Juvenile Plan Amendment and agree that all statements and answers are true and complete to the best of my knowledge and belief and will be relied upon to determine my insurability. I acknowledge that this Juvenile Plan Amendment, completed and signed by me, is part of the Application and will be attached to and made part of the Policy Contract, if issued.

I also acknowledge that I have read and that I understand the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Proposed Insured Signature (or parent if Proposed Insured is a juvenile)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed Owner Signature (if other than Proposed Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (if present) or Witness Signature

\_\_\_\_\_  
Agent Code or Relationship

\_\_\_\_\_  
Date